

Substitute per letter dated 11/2/98 "

ATTACHMENT 3.1-A
Item 4b (Page 9 of 10)
Applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
TREATMENT OF CONDITIONS FOUND

demonstrated skills and competencies to work with seriously emotionally disturbed children and adolescents as determined by the provider. A minimum of three years of experience in direct child/adolescent services or mental health services is required, along with extensive knowledge of and ongoing training in children/adolescent mental health needs.

- b. Qualified Mental Health Technician (mental health personal care aide) - a person at least 19 years of age who has completed a Department-approved training program.
- 5. Any NMAP provider who is licensed by the Nebraska Department of Health and has a substantiated disciplinary action filed against that license that limits the provision of services will not be allowed to provide NMAP services. If a provider is licensed by another state, a substantiated discipline action filed against that license that limits the provision of services will be cause for termination as an NMAP provider.

Mental health and substance abuse services for children and adolescents covered under EPSDT include the following services as defined in 471 NAC 32-000:

- 1. Outpatient mental health or substance abuse treatment, including -
 - a. Evaluation by a supervising practitioner;
 - b. Psychiatric evaluation;
 - c. Psychological evaluation;

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ATTACHMENT 3.1-A

Substitute per letter dated 1/12/98 "

Item 4b (Page 10 of 10)
Applies to both
categorically and
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND
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- d. Psychological testing;
 - e. Individual psychotherapy;
 - f. Individual substance abuse counseling;
 - g. Group psychotherapy;
 - h. Group substance abuse counseling;
 - i. Family psychotherapy services;
 - j. Family substance abuse counseling;
 - k. Family assessment; Note: for items j, k, and l, services are provided to the Medicaid client; the interventions include family to address the child's MHSA needs; the Medicaid-eligible child is the focus of all treatment.
 - l. Conferences with family or other responsible persons advising them on how to assist the client,
 - m. Mileage for home-based family therapy or home-based family counseling services;
 - n. MHSA Community Treatment Aides;
 - o. Intensive outpatient services; and
 - p. Medication checks by a physician or physician extender.
- 2. Treatment crisis intervention;
 - 3. Day treatment;
 - 4. Treatment foster care;
 - 5. Treatment group home;
 - 6. Residential treatment ; and
 - 7. Inpatient hospital services provided in a general hospital or an IMD.

All mental health and substance abuse services must be medically necessary and provide active treatment to the Medicaid client.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PHYSICIANS SERVICES

PAYMENT RESTRICTION - DRUGS AND MEDICAL PROCEDURES:

Payment may not be authorized for any drugs or medical procedures which may be considered experimental or which are not generally employed by the medical profession. Payment may not be authorized for:

Reversal of tubal ligation;
Reversal of vasectomy; or
Sex change operations.

INFLUENZA INJECTIONS IN NURSING HOMES:

As the services of a nurse to give injections are included in the compensation of ICF-I Nursing Homes, no remuneration will be paid to a physician giving influenza injections in these facilities.

ABORTIONS:

Payment for abortions under the Nebraska Medical Assistance Program is limited to those abortions for which FFP is currently available.

PSYCHIATRIC SERVICES:

Prior authorization is not required for medically necessary outpatient psychotherapy services.

Testing and evaluations must be performed by a licensed psychologist or supervised by a licensed psychologist.

NMAP does not cover mileage and conference fees for home-based family therapy providers of outpatient psychiatric services for individuals age 21 and older.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PHYSICIAN'S SERVICES

Transplants

NMAP covers medical transplants including donor services that are medically necessary and defined as non-experimental by Medicare. If no Medicare policy exists for a specific type of transplant, the appropriate staff in the Medical Services Division shall determine whether the transplant is medically necessary or non-experimental.

Notwithstanding any Medicare policy on liver or heart transplants, the Nebraska Medical Assistance Program covers liver or heart transplantation when the written opinions of two physicians specializing in transplantation state that -

1. No other therapeutic alternatives exist; and
2. The death of the patient is imminent.

NMAP requires prior authorization of all transplant services before the services are provided.

NMAP covers medically necessary services for the NMAP-eligible donor to an NMAP-eligible client. The services must be directly related to the transplant.

NMAP covers laboratory tests for NMAP-eligible prospective donors. The tests must be directly related to the transplant.

NMAP covers medically necessary services for the NMAP-ineligible donor to an NMAP-eligible client. The services must be directly related to the transplant and must directly benefit the NMAP transplant client. Coverage of treatment of complications is limited to those that are reasonably medically foreseeable.

NMAP covers laboratory tests for NMAP-ineligible prospective donors that directly benefit the NMAP transplant client. The tests must be directly related to the transplant.

NMAP does not cover services provided to an NMAP-ineligible donor that are not medically necessary or that are not directly related to the transplant.

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ATTACHMENT 3.1-A
Item 6a
Applies to Both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PODIATRISTS' SERVICES

NMAP covers medically necessary podiatry services within the scope of the podiatrists' licensure and within NMAP program guidelines.

ORTHOTIC DEVICES AND ORTHOTIC FOOTWEAR: NMAP covers orthotic devices, orthopedic footwear, shoe correction, and other items for the feet if medically necessary for the client's condition.

PALLIATIVE FOOT CARE: Palliative foot care includes the cutting or removal of corns or callouses; the trimming of nails; other hygienic and preventive maintenance care or debridement, such as cleaning and soaking the feet and the use of skin creams to maintain the skin tone of both ambulatory and non-ambulatory clients; and any services performed in the absence of localized illness, injury, or symptoms involving the foot. coverage of palliative footcare is limited to one treatment every 90 days for non-ambulatory clients and one treatment every 30 days for ambulatory clients.

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ATTACHMENT 3.1-A
Item 6b
Applies to Both
Categorically and
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OPTOMETRISTS' SERVICES

See item 12d.

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ATTACHMENT 3.1A
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Applies to both
categorically and
medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - CHIROPRACTORS' SERVICES

NMAP limits coverage of chiropractic services specifically to treatment of the spine by means of manual manipulation (i.e., by use of hands only) and spinal x-rays.

The following guidelines outline the maximum number of treatments NMAP may consider for payment;

1. Manual manipulation of the spine is limited to 18 treatments during the initial five-month period from the date of initiation of treatment for the reported diagnosis. A maximum of one treatment per month is covered thereafter if needed for stabilization care; and
2. No more than one treatment per client per day is covered.

Coverage of spinal x-rays is limited to one set of spinal x-rays for a client in a twelve-month period.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OTHER PRACTITIONERS

A licensed psychologist may be enrolled as an individual provider of mental health/substance abuse services and may act as a supervising practitioner.

Prior authorization is not required for medically necessary outpatient psychotherapy services.

Testing and evaluations must be performed by a licensed clinical psychologist or supervised by a licensed psychologist.

NMAP does not cover mileage and conference fees for home-based family therapy providers of outpatient psychiatric services for individuals age 21 and older.

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ATTACHMENT 3.1-A
Page 2, Item 6d (Page 2)
applies to both
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - OTHER PRACTITIONERS SERVICES

CERTIFIED REGISTERED NURSE ANESTHETISTS

The Nebraska Medical Assistance Program covers the services of certified registered nurse anesthetists (CRNA's) and anesthesia assistants (AA's), for services provided on or after August 1, 1989.

A certified registered nurse anesthetist is a registered nurse who is licensed by the Department of Health and is currently certified by the Council on Certification of Nurse Anesthetists or Council on Recertification of Nurse Anesthetists, or has graduated since August 1987 from a nurse anesthesia program that meets the standards of the Council on Accreditation of Nurse Anesthesia Educational Programs and is awaiting initial certification.

An anesthesia assistant is a person who is allowed by state law to administer anesthesia and who has successfully completed a six-year program for AA's, of which two years consist of specialized academic and clinical training on anesthesia.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

1. Payment for home health agency services must be authorized by the Central Office.
2. All home health agency services are subject to the guidelines for coverage listed in 471 NAC 9-002.06.
3. Home health nursing services may not exceed eight hours per day or forty hours in a seven-day period.
4. If the client receives multiple home health agency services in the home, the Department averages the HHA expenses over a three-month period. If the average exceeds the appropriate nursing facility per diem, the Department will recommend nursing facility care for the client. NMAP does not cover home health services when a family member or other caring person is available to provide services to meet the client's needs.
5. NMAP does not cover skilled nursing visits provided by student nurses who are enrolled in a school of nursing and are not employed by the home health agency unless the student is accompanied by a registered nurse who is an employee of the home health agency.
6. NMAP limits skilled nursing visits for teaching and training on an individual basis. The client must have a medical condition which has been diagnosed and treated by a physician. There must be a physician's order for the specific teaching and training.
7. Payment for supplies normally carried in the nursing bag and incidental to the nursing visit is included in the per visit rate. Medical supplies not normally carried in the nursing bag are provided by pharmacies or medical suppliers who bill NMAP directly. Under extenuating circumstances, the home health agency may bill for a limited quantity of supplies.

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